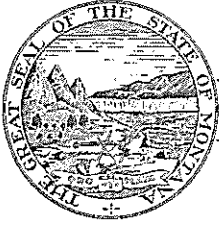


DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES PROGRAM



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AWARE - BILLINGS
JOAN MILES
DIRECTOR

February 17, 2006

TO: Larry Noonan, Executive Director, AWARE, Inc.
John O'Donnell, Chairperson, AWARE Board of Directors
Jim Littler, Community Director, AWARE, Inc

FROM: Michelle Sheedy, Quality Improvement Specialist
Developmental Disabilities Program

SUBJECT: Annual Quality Assurance Review - Billings

Attached is the Annual Quality Assurance Review for the AWARE, Inc. Billings program. The review covers the period from August 1, 2004 through December 31, 2005.

I would like to thank the direct care staff at all the program sites and the administrative staff in both the Billings and Anaconda offices for their assistance during the review and their timely responses to concerns. I enjoyed meeting staff at all the homes and day program and was favorably impressed by the services AWARE is providing in Billings. I hope the recommendations contained in the report help as you continue to improve the quality of services offered to people with disabilities.

cc: Suzn Gehring, Regional Manager, DDP
Tim Plaska, Community Services Bureau Chief, DDP
John Zeeck, Quality Assurance, DDP

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AWARE - REGION III QUALITY ASSURANCE REVIEW
FISCAL YEAR 2006
1/20/06

SCOPE OF REVIEW

This Quality Assurance Review covers the period of August 1, 2004 through December 31, 2005. The review included a desk review of AWARE's policies, personnel records, evacuation drills, accreditation, and group home licenses, plus a review of records and interviews with staff during on-site visits to all residential programs and the AWARE Day Program.

GENERAL AREAS

A. Administrative

Significant events from the agency:

AWARE Day Program and the AWARE Billings' office completed a move to a new building. This has given both areas more space and the opportunity to expand vocational services. The Day Program's move to the west end, closer to the administration and most of the residential sites, has been a positive change (QAOS #1).

AWARE has continued to improve the online incident management reporting system and has incorporated ways to collect investigation data into its system..

Policies and administrative (DDP) directives:

The AWARE policy and procedure manual was reviewed and found to be in compliance with DDP directives. I would recommend a few updates to the manual to make it more specific to the Billings area. For example, under section 508 the emergency evacuation procedure section it states that people should evacuate to Galen. There are also a few references to use of the MANDT system for behavioral emergencies. Since AWARE does not use or train staff in MANDT, this should be changed.

Licensing:

All group homes (Edmond, Heritage, Lampman, and Constitution) were found to have current licenses with no deficiencies noted.

Agency internal communication systems:

There were no problems or deficiencies noted relating to AWARE's internal communication systems.

Fiscal:

DPHHS's desk review of AWARE's audit for fiscal year 2004 found the audit to be acceptable with no findings or questionable costs noted. This review did note that AWARE had over \$800,000 in excess of the FDIC insured amount. We request that copies of the year end financial reports and budgets be sent to the Region III office in the future.

Appendix I:

There were no negotiated Appendix I activities on which to report.

SPECIFIC SERVICES REVIEWED

B. Residential

Accomplishments:

AWARE expanded services in Billings by opening a new licensed facility, Constitution Group home, to serve up to 6 individuals. Two individual's were placed from MDC into this home during 2005 and another moved from MDC in January 2006. AWARE also moved two individuals from Anaconda to Billings during the year.

Remodeling projects were completed at Lampman and Heritage making homes more accessible.

AWARE was willing to allow a consumer () to move from Edmond to Heritage in order to better serve the consumer's needs and possibly make a better house-mate match for him during the year.

AWARE was willing to try to help an individual in extreme crisis by placing her temporarily at Heritage Group Home when all other community options had failed.

Programmatic Deficiencies/Corrections to Deficiencies:

No significant programmatic deficiencies were noted during this review. The last review (7/04) noted that one home had a high water temperature and as a result a water temperature check was added to the group home monthly checklist. This continues to be done monthly by AWARE staff. The fire drill form was different at various sites during the 04 review. The fire drill/evacuation form was revised and is now the same for all program sites. The 7/04 review also noted that any time a drill exceeds 3 minutes and explanation will be included on the form. This has not been done consistently since that review. Other issues in the 04 review were the submitting of IP Amendment forms and having leisure activities documented. Amendment forms have been submitted for discontinued IP objectives during this review. Leisure tracking sheets were developed and were found at all sites.

I. HEALTH & SAFETY

Vehicles:

AWARE conducts regular vehicle inspections for the vehicles used to transport consumers. Staff operating agency vehicles are licensed and trained. No deficiencies were noted.

Consumers:

AWARE has met the health and safety needs of consumers served. Medical concerns have been addressed in a prompt manner by AWARE staff.

Medication Safety:

Medication errors were reported to this office from all program sites as they occurred throughout the reporting period with results as follows:

<u>Errors by month</u>	<u>Errors by site</u>	<u>Errors by type</u>
8/04 1	Edmond - 4	omission - 8
9/04 1	Evergreen - 6	med given 2x - 4
10/04 0	Heritage - 7	wrong med given - 1
11/04 1	Lampman - 2	wrong time - 1
12/04 0	Bender- 0	discontinued med given -1
1/05 2	Constitution-0	MAR not initialed - 4
2/05 6	Day Program-0	
3/05 1		
4/05 0		

5/05	0
6/05	2
7/05	1
8/05	1
9/05	2
10/05	0
11/05	1
12/05	0

All errors were recorded as level 1, 2 or 3 indicating that the error either did not cause change in the person's condition - a few of the errors (wrong med given & medication given twice) required additional monitoring, but did not require additional medical treatment.

AWARE is commended on continuing to keep med errors at a very low rate throughout the review period (QAOS #5)

AWARE is also commended for organization of medication books. All staff have copies of their medication certification cards filed in the back of each medication book.

PRN protocols were in place for individuals who have PRN medications prescribed for controlling behavior. at Lampman is given Ativan, PRN, for medical appointments. His MAR sheet also indicates that Ativan is used for aggression. If this is the case, there should also be a PRN protocol developed. If it is not being used for aggression, it should be noted. This was discussed with , Program Director of Lampman and corrected.

One staff was found to have an expired medication certification at the Day Program and had signed the medication logs during April 2005, this was corrected by AWARE. **All staff not current in medication certification were given verbal counsel & instructed to complete testing. Work schedules are checked to make sure that certified staff are available for med pass daily (QAOS #2).**

Sites:

All program sites operated by AWARE were visited during random drop-in visits throughout the course of the reporting period and as part of the on-site review. All group home and day program sights are well maintained.

Evergreen Supported Living home was found to be missing smoke detectors during a random visit in December 2005. This was due to one of the consumers knocking down the smoke detectors and tossing them over the fence. **The problem was corrected and cages were installed to protect the smoke detectors from being torn down (QAOS #4).** Thanks to AWARE staff for responding to this concern promptly and preventing recurrence.

Evacuation Drills:

Documentation of evacuation drills were reviewed for all program sites. At each site, it was noted that drills were conducted at various times of the day on a monthly basis.

Most homes and the day program were evacuated within 3 minutes on most occasions. I am concerned about the time taken at Lampman for each drill. The times have ranged from a high of 12 minutes in June, 2005 to one instance of evacuating in 3 minutes, in September 2005. Most drills took in excess of 5 minutes. The reasons for the excess time should be noted on the form and the issues should be addressed by individual IP teams. **Steps have been taken to allow people to evacuate from both the front and back doors of Lampman. A wheelchair has been made available to assist with evacuation. The fire department will be notified that a certain individual may not want to leave his belongings in his room and will know the exact location of this person's room. Administrative objectives will be added to Individual Plans of the consumers who are having difficulty evacuating Lampman in a timely manner. (QAOS #6).** Thank you for your actions in trying to correct this.

II. SERVICE PLANNING & DELIVERY

Individual Planning (Assessment, Implementation & Monitoring):

Individual program books were reviewed for one person at each residential site. Program books at each home were well organized and information was very easy to locate. Two individuals had objectives for weekly counseling and this data was not found in the program books. The AWARE staff who provided the counseling did have the dates of counseling available on his calendar and I advised that a tracking sheet be developed to easily record dates of counseling sessions when there is a formal IP objective. When an objective is not completed for an individual, it is recommended that staff note the reason why on the data sheet. For example, at Evergreen did not attend the Day Program on

numerous days during December but no reason was given on the data sheet. All objectives were implemented as specified in the individual plans and were monitored on a quarterly basis by management staff.

Leisure/Recreation:

Leisure and recreation logs were reviewed at all program sites. Documentation of weekly recreational activities was found at all sites and documentation of daily leisure activities. I would encourage each home to look at more variety of leisure activities. In reviewing [redacted] at Lampman, I found that most of his leisure activities were sitting in a recliner or walking around the house.

Client Rights:

No issues involving violation of client rights were noted during the Quality Assurance Review or during the course of the reporting period.

Medical/health care:

The medical and health care needs of the individuals served were promptly attended to throughout the course of the reporting period.

Emotionally Responsible Care Giving:

On drop-in visits during the course of the reporting period, staff at all sites were engaged with consumers in an emotionally responsible fashion. Staff had positive interactions with consumers at all sites and treated consumers with respect. In speaking with staff at all sites, I was informed that training on individual specific information was provided and new staff spend time shadowing experienced staff before working independently in a home. Training on elements of emotionally responsible caregiving is also part of each individual group home's training list for new staff.

Consumer Surveys:

Consumer surveys were completed by each individual's case manager. The surveys were reviewed for each person in the sample and no issues or deficiencies were noted.

Agencies Consumer Satisfaction Surveys:

AWARE's consumer satisfaction surveys were reviewed. They had not all been entered into the computer as of this date, but it is in progress. The computer programming for the surveys allows the company to gather results from each stakeholder in an easily read format.

III. STAFFING

Screening & Hiring:

Personnel records were reviewed for five staff and all were found to have documentation of orientation training. QIS from Helena visited AWARE's office in Anaconda and checked personnel files. Criminal background checks were completed on dates of hire for new employees. Driver's licensing and Child Protective Service checks were also completed.

Orientation & Training:

All staff interviewed during the review stated they received good or very good training before starting work with consumers. They were able to shadow experienced staff when going to a new home. Staff who are substitutes are given individual, home specific training at each site they work.

Ratios:

Staff/client ratios were checked at least quarterly throughout the reporting period, both during peak times and off-peak times. Ratios were met on each occasion.

Staff Surveys:

Staff surveys were conducted with one staff from each home and one staff from the day program. The length of employment for each staff surveyed ranged from 3 weeks to 2 ½ years. Each staff surveyed was able to meet criteria for each section - Abuse/Neglect Reporting, Client Rights, Behavior Plans & Protocols, Orientation Training, Assistance & Supervision of Medications, Behavior Interactions with Consumers, Emotionally Responsible Caregiving, Individual Plans, and Incident Reporting. All staff surveyed knew they needed to report Abuse/Neglect to a state agency, but only two of the seven surveyed were able to correctly give the name of the agency - Adult Protective Services.

IV. INCIDENT MANAGEMENT

APS:

There were no incidents referred to Adult Protective Services during the

reporting period.

Incident Reporting:

AWARE implemented the new incident management policy in a timely manner. Incident reports were received throughout the reporting period from all program sites with no deficiencies noted. The electronic reporting has enabled incident reports to get to case managers and DD staff promptly. There was one critical incident during the reporting period and the investigation was completed thoroughly and within required time lines.

C. Work/Day/ Community Employment

Accomplishments:

The AWARE Day Program and the AWARE Billings' office completed a move to a new building with more room.

AWARE began a automotive detailing business during 2005, currently employing three consumers.

Programmatic Deficiencies/Corrections:

No programmatic deficiencies were noted.

I. HEALTH & SAFETY

Vehicles:

See comments under residential

Consumers:

See comments under residential

Medication Safety:

There were no medication errors at the day program - CONGRATULATIONS! Medications were not being stored in a locked cabinet at the Day Program in May 2005. **This was corrected and all medications are being stored in a locked medication box and placed in a locked storage cabinet (QAOS #3).**

Sites:

No health & safety issues problems were found at the AWARE Day Program or in the facility where the auto detailing is done.

II. SERVICE PLANNING & DELIVERY

Individual Planning:

Individual program books were reviewed for each of the seven consumers in the sample who attend the AWARE Day Program. Objectives stated in the IP were all being implemented as specified in the plans. IP objective data at the Day Program was found in several different places (consumer training notebooks, clipboards, etc.) It was all available, but more difficult to find. It is my understanding that this is currently being looked at and that a new data keeping system will be set up in the Day Program to make tracking easier for staff.

Leisure/Recreation:

Consumers at the Day Program are active in a wide variety of leisure and recreational activities.

Client Rights:

No issues involving violation of client rights were noted during the reporting period.

Medical/Health Care:

Medical services were obtained in a timely manner when needed.

Emotional Responsible Caregiving:

During visits to the Day Program, staff were observed to be actively engaged with consumers in an emotionally responsible fashion.

Consumer Surveys:

See comments under residential.

III. STAFFING

Screening/Hiring:

See comments under residential.

Orientation/training:

See comments under residential.

Ratios:

Staff ratios were checked throughout the reporting period at random times and were always found to meet or, more often to exceed, contracted requirements.

Staff Surveys:

See comments under residential.

IV. INCIDENT MANAGEMENT

APS:

There were no incidents reported to APS during the review period.

Incident Reporting:

Incidents occurring at the Day Program were reported in a timely manner. The incident management committee has been meeting weekly to review reportable and critical incidents.

C. COMMUNITY SUPPORTS

AWARE does not provide Community Supports in Region III.

D. TRANSPORTATION

AWARE does not maintain a separate transportation contract, but does provide transportation to consumers through its residential and day program budget.

CONCLUSION

Findings Closed:

Overall, I was very impressed with AWARE's services. Staff are very responsive and well trained. Consumers are receiving good quality of services. My thanks to all staff for your time and assistance in completing this review.

All deficiencies addressed in the QAOS sheets throughout the review period have been addressed by AWARE. These were QAOS 2 for an expired medication certification, QAOS 3 for not having medications stored in a secure cabinet at the Day Program, QAOS 4 of missing smoke detectors, and QAOS 6 regarding length of time to evacuate during fire drills at Lampman. Thank you to all staff at AWARE for acting so promptly to correct all problems as they arose.

Findings Open/Plan of Correction:

No findings remain open and no plans of correction are needed.